

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Merrion Oil & Gas Corporation	8. Farm or Lease Name Krystina
3. Address of Operator P. O. Box 1017, Farmington, New Mexico 87499	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1820</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>24N</u> RANGE <u>2W</u> NMPM.	10. Field and Pool, or Wildcat WC Gallup
15. Elevation (Show whether DF, RT, GR, etc.) 7299' GL	12. County Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
2 OTHER <input type="checkbox"/>	OTHER <u>Casing Test</u> <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pressure test to 4000 PSI for 30 minutes. Held good.

JAN 10 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Frank T. Chavez</u>	TITLE <u>Operations Manager</u>	DATE <u>1/9/85</u>
Original Signed by FRANK T. CHAVEZ		
APPROVED BY _____	TITLE _____	DATE <u>JAN 10 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		